

MaineCare

Value-Based Purchasing Strategy Portland Regional Forum

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Paul R. LePage, Governor

Behavioral Health Homes



Agenda

- What is a Behavioral Health Home
- Who can participate
- Benefits of the service model
- Consumer choice
- Provider qualifications and reimbursement
- Enrollment
- Next steps



What is a Behavioral Health Home?

- A <u>new service</u> being offered by MaineCare in January, 2014
- Per the Affordable Care Act, a Health Home offers:
 - Care Management of physical and mental health needs
 - Care Coordination and health promotion
 - Help in transitional care, including follow up
 - Support to help self-manage physical and mental health conditions
 - Referral to other services
 - The use of Health Information Technology to link services



Maine's Health Homes "Stage A"

Primary Care



Community Care Teams (CCTs)



Serves adults and children with chronic health conditions



Maine's Behavioral Health Homes – "Stage B"

Licensed Community Mental Health Provider

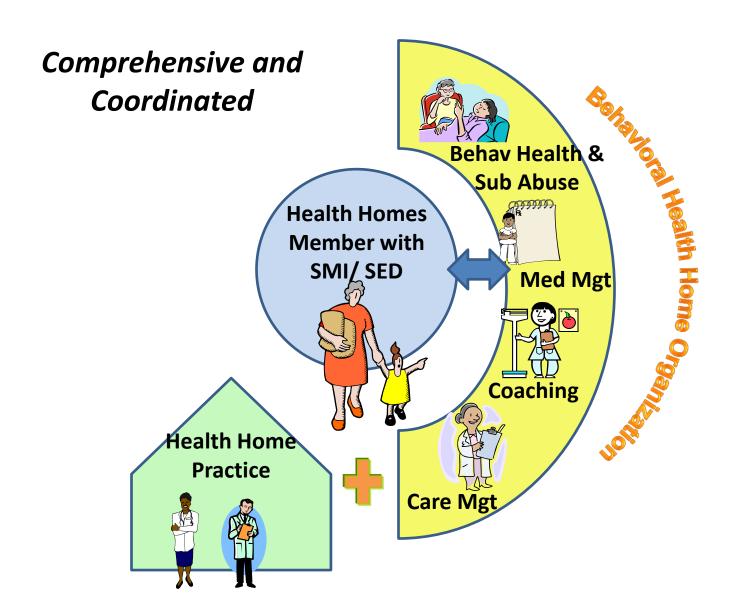


A Primary Care Practice



Serves adults and children with significant behavioral health needs

Behavioral Health Homes:





Who Can Participate in Behavioral Health Homes?

- Adults with Serious Mental Illness
- Children with Serious Emotional Disturbance

This initiative closely aligns with current eligibility for community mental health services. People eligible for the following services will also generally be eligible for Behavioral Health Homes:

- -Adults: Community Support Services
- -Children: Targeted Case Management



Why Behavioral Health Homes?

- 20% of MaineCare members incur 87% of cost
- This 20% often have more than one long-term condition, such as:
 - COPD
 - Diabetes
 - Mental Illness
 - Heart Disease
 - Substance Abuse



Why Behavioral Health Homes?

- Individuals with serious behavioral health conditions often have higher rates of other chronic illness: asthma, diabetes, heart disease
- When services are not coordinated:
 - People don't get the care they need, when they need it
 - No one provider is managing all the care
 - People get overwhelmed trying to manage everything they need to do to stay healthy by themselves

Because of this, people often end up using the hospital or ER for things that could be prevented with better care and care coordination



Why Behavioral Health Homes?

- Federal commitment and financial incentives
- Mainecare has already developed a Health Home for people with chronic physical conditions (Stage A)
- Behavioral Health Homes will address the concerns of members with significant behavioral health needs:
 - Managing physical and mental health conditions together
 - Building strong relationships with primary care
 - Maintaining a recovery focus
 - Addressing co-occurring disorders and trauma-informed care



What are the benefits of a Behavioral Health Home?

- PCP and mental health services work together to provide better care
- Team-based, comprehensive approach:
 - nurse care manager
 - peer support specialist
 - licensed clinical social worker
 - health home coordinator
- Manage health, wellness, and prevention services
- Provide peer services and other supports
- Case management; help with housing, transportation, etc.



How does this affect other MaineCare services?

- Services currently received through targeted case management or community integration will be received through the BHH
- Certain other services will be considered a duplication; members can choose which service they would like to receive
- Members will choose a PCP that partners with their behavioral health organization
- Members can stay with their current services, or try a Behavioral Health Home.
- People can opt out of the service at any time



What are the provider qualifications?

Mental health providers must:

- Be licensed community mental health providers
- Provide medication management <u>OR</u> have an MOA with a MM provider
- Have expertise in co-occurring disorders
- Adopt an EHR within a timeframe specified by MaineCare (no more than two years after approval as a Behavioral Health Home Organization).
- Participate in the Behavioral Health Home Learning Collaborative
- Comply with team-based care model
- Partner with at least one qualified practice
- Commit to meeting and reporting on Core Expectations, including enhanced access to care, comprehensive consumer/family directed care planning, commitment to reducing waste and unnecessary health care spending, integration of Health Information technology



What are the provider qualifications?

Primary care providers must:

- Complete a Health Home primary care practice application and be approved by MaineCare
- Have implemented an Electronic Health Record (EHR) system.
- Provide Twenty-Four Hour Coverage, as defined in MaineCare Benefits Manual, Ch. VI - Section 1: Primary Care Case Management.
- Have received National Committee for Quality Assurance (NCQA)
 Patient-Centered Medical Home recognition by date determined by MaineCare
- Have established member referral protocols with area hospitals, which include coordination and communication on enrolled or potentially eligible HHP members.
- Must partner with a community mental health provider that is approved to deliver Behavioral Health Home services.
- Commit to Core Expectations for Health Home practices



How will providers be reimbursed for services?

Payment is structured to support both the PCP and the community mental health provider to coordinate care:

Primary Care practice	\$15/PMPM
Behavioral Health Organization	\$270.00/PMPM for children \$300.00/PMPM adults

Mainecare is also proposing to CMS an additional \$35.00 PMPM during the first three months of start up for additional engagement, education, and outreach



What are the assumptions built into the rates?

Staff	FTE per 200 members
Clinical Team Leader (LCSW)	0.75
HH Coordinator (MHRT/OCFS	7/8
equivalent)	
Peer Specialist	1
Nurse Care Manager	Child: 0.50
	Adult: .75
Medical Consultant	0.02
Psychiatrist	0.02

assumptions also Include 30% fringe and 30% administrative overhead



What are the assumptions built into these rates?

- Different service expectations:
 - Minimum billable service is one hour per member, per month for the Behavioral Health Home organization
 - Services can be delivered by any member of the team and may be in person, by phone, in a group setting
 - Team meetings and collateral contacts included
 - Health promotion and wellness activities
 - Providers serve and bill for all eligible members, not only members that are seen in person
 - Six month review/continuing stay criteria TBD



How will eligible consumers find out about this service?

- Education and information activities planned for this fall
- Consumers who receive services from a provider that plans to offer BHH services will receive information and written notice about the service and can opt out if not interested
- Consumers who receive services from non-participating providers will receive information about where they can receive the service in their area if interested
- Consumers can continue to receive their current services with their current service provider if they choose
- May decide to join or leave the service at any time



Where are we now?

- Consumer, family, and provider discussion and feedback is ongoing:
 - RFI released in April
 - Discussion and meetings with consumers, providers, families
 - MaineCare convening a BHH Stakeholder Advisory Group
- Application process for interested providers: October, 2013
- MaineCare State Plan Amendment submission: October
- MaineCare Behavioral Health Homes target implementation date: January, 2014



More information?

MaineCare's Value-Based Purchasing Website:

http://www.maine.gov/dhhs/oms/vbp/

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